

In "*Revista de Ciencias Medicas de Barcelona*," June, 1890, Dr. Robert describes an interesting case, which he designates as a "*filhelio*," or "*sun-lover*." The case is that of a boy, just at the age of puberty, strong and vigorous, showing no deformity or sign of any retarded development, living in the mountains of Cataluna. There is a slight neuropathic history in his family, and at times he is under the influence of alcohol. For the past ten years he has exhibited a strong desire for the sunlight, looking for hours at the sun without the least inconvenience. At times he takes an attitude—legs separated, hands clinched, head turned backward, eyes fixed on the sun—and remains in this position until exhausted, then becomes unconscious and falls to the ground; he is seized with convulsions, tonic and clonic, and after a short interval awakens. The writer regards the case as epilepsy with an unusual sensorial aura.

By LOUISE FISKE-BRYSON.

POST-DIPHTHERITIC RESPIRATORY PARALYSIS CAUSING
PULMONARY COMPLICATIONS.

In the "*American Journal of American Sciences*" (September, 1890) there is a paper upon this subject by W. Pasteur, of London, who thinks that too little attention has been paid to the effects upon chest-movements and affections of the thoracic viscera following post-diphtheritic paralysis. While cardiac paralysis is well recognized, the influence of diaphragmatic or intercostal paralysis upon the lungs, and through them upon the pulmonary circulation and the heart, has been strangely overlooked. The classical signs of diaphragmatic paralysis are: Reversal of respiratory movements of the epigastrium and hypochondria; dyspnœa on exertion or excitement; diminished force of cough, sneezing, spitting, etc.; and loss of compressive action of the abdominal muscles, difficulty of defecation, etc. (von Ziemssen).

The more constant and obtrusive physical signs presented by the cases presented in the paper were: 1. Increased movement of the lower ribs, observed in ten out of fourteen cases; not noted in three. 2. Altered movements at the epigastrium during respiration in twelve out of fourteen cases. 3. Altered character of cough and voice; noted in ten cases, but probably present in all.

Tube-feeding was necessary. Paralysis of the lower limbs was the rule, and in some the arms were affected;

also in a few the muscles of the back and neck were involved. Knee-jerk was absent in every case. The facts brought forward by the author leads him to the conclusion that paralysis of the diaphragm or other parts of the chest-wall tends to induce loss of function in the subjacent lung, which is, *ceteris paribus*, proportionate to the degree of paralysis, and results in more or less *collapse and œdema of pulmonary tissue*. This state of affairs renders it imperative to guard in every possible way against the occurrence of broncho-pneumonia.

When swallowing is followed by attacks of coughing, feeding by means of a soft rubber catheter, introduced through the nose, gives an opportunity for sufficient nourishment and prevents the leakage of food into the air-passages. To assist chest-expansion to the utmost, artificial respiration (Sylvester) should be practised on the first appearance of any indication of diaphragmatic paralysis. It is not so much the treatment of asphyxia that is important as that of the condition which gives rise to it. In hospitals this treatment is carried out by the nurses three or four times in twenty-four hours, for a period of ten or fifteen minutes, instruction being given to disturb the patients as little as possible and to keep them well covered.

CHLORALAMID (SCHERING)

is now one of the favorite hypnotics. It is only about a year since its introduction, with competition firmly fixed upon the market and among the armamentarium of the physician.

There are numerous data to its value, and the agents for its sale in this country have gathered these from all sources, in pamphlet form. The various experiences and facts presented are instructive, and, as they assert, no doubt will convince the skeptical as to its being a harmless and reliable hypnotic.

Chemically.—It is a chloral-formamid, discovered by Prof. J. von Mering. It occurs in the form of colorless, slightly bitter crystals, melting at 239° F. It is soluble in from nine to fourteen parts of cold and less of warm water, in one part of absolute and one and a half parts of ninety-six per cent. alcohol. It requires five hours to dissolve twenty grains in two ounces of water, and only fifteen minutes when the menstruum is one dram of rectified spirit. No precipitation occurs on adding the alcoholic solution to